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## SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER AFTER 2nd AMENDMENT AS FILED 1st AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP IND. DEP. IND. DEP. TOTAL IND. TOTAL IND. TOTAL DEP. TOTAL DEP. \* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-2022 (1-98)

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